



Midwest City PD Case Number: \_\_\_\_\_

**MIDWEST CITY POLICE DEPARTMENT**

100 N MIDWEST BLVD  
MIDWEST CITY, OK 73110

**RECORDS REQUEST**

Requestor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*Requestor's Firm:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

**ACCIDENT REPORT**  
*(Please complete the reverse side)*

Driver: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Location: \_\_\_\_\_

**ARREST REPORT**

Arrestee: \_\_\_\_\_

Date Arrested: \_\_\_\_\_

**CALLS FOR SERVICE**

Dates: \_\_\_\_\_

Address: \_\_\_\_\_

**CRIMINAL HISTORY**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**INCIDENT REPORT**

Name: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location: \_\_\_\_\_

**911 AUDIO REQUEST**

Caller: \_\_\_\_\_

Address: \_\_\_\_\_

Date/Time: \_\_\_\_\_

**FEES:**

Additional Copies of Report	\$0.25 per page
Certified Copy of Report	\$1.00 per page
Audio CD or DVD	\$5.00 per CD or DVD
Thumb Drive	\$10.00 per thumb drive
Research/Recording Fee	\$25.00 per hour, 1 hour minimum

**INDICATE BY CHECK MARK BELOW.**

- \_\_\_ Party involved in the collision
- \_\_\_ Person under contract with the insurer, to provide claims or underwriting information
- \_\_\_ Licensed insurance agents of party involved in the collision
- \_\_\_ Insurer or a party involved in the collision
- \_\_\_ Insurer to which a party had applied for coverage
- \_\_\_ Legal representative of a party involved in the collision
- \_\_\_ Prosecutorial authority
- \_\_\_ State, County, or City law enforcement agency
- \_\_\_ The Department of Transportation or any county or city transportation or road and highway maintenance agency

**\*\*\*NOTICE\*\*\***

**Any person who knowingly violates this section and obtains or provides information made confidential by this section is guilty of a misdemeanor and shall be fined, imprisoned, or both**

**MOTOR VEHICLE ACCIDENT REPORT AFFIDAVIT**

STATE OF OKLAHOMA            )

)SS.

COUNTY OF OKLAHOMA        )

I \_\_\_\_\_ being duly sworn, do hereby swear or affirm, under penalty of perjury, that the motor vehicle or traffic accident report will not be examined reproduced, or other wise used in any way for commercial solicitation purposes, either directly or indirectly, and that I, in seeking to obtain this report fall within one of the following categories:

- Person involved in the motor vehicle or traffic accident or the authorized representative of such person
- State, County, or City law enforcement
- Legal representative of a party involved in the collision
- Licensed insurance agent of party involved in collision

\_\_\_\_\_  
Affiant/Signature

\_\_\_\_\_  
Date

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***OFFICIAL USE ONLY***

Records Clerk: \_\_\_\_\_